

## NASA HEALTH PROMOTION AND WELLNESS COMMITTEE

Minutes for: June 02, 2005 ViTS

**Welcome:** Good afternoon. My name is Mae Hafizi. Welcome to the third ViTS for FY 2005.

Please read the sections typed in red as they are new and useful information. They may also require feedback to our office. A tape of this program is available. Please email our office with a request or contact the ViTS office at your center. All sites taped the program.

**Attendance:** "X" means present

ARC	<input checked="" type="checkbox"/>	HQ	<input checked="" type="checkbox"/>	DFRC	<input checked="" type="checkbox"/>
JPL	<input type="checkbox"/>	DYN	<input checked="" type="checkbox"/>	GSFC	<input type="checkbox"/>
JSC	<input checked="" type="checkbox"/>	KSC	<input type="checkbox"/>	MSFC	<input type="checkbox"/>
GRC	<input checked="" type="checkbox"/>	SSC	<input checked="" type="checkbox"/>	WFF	<input checked="" type="checkbox"/>
LRC	<input checked="" type="checkbox"/>	MAF	<input type="checkbox"/>	WSTF	<input checked="" type="checkbox"/>

**Topic:** Updates and new information - Health Promotion

Mae Hafizi

### A. DietFit pilot project at HQ

The project was completed on April 30th. An evaluation form was distributed to the participants and responses were due by May 31<sup>st</sup>. The result of the survey will be presented at a later ViTs once data is compiled and analyzed.

### B. Mayo Clinic Quitline Data and LSC

LSC data will be made available in one month. Six month outcomes report from Tobacco Quitline shows a 50% quit rate in the participating population (7/14). As published by the CDC in their 4/12/02 Press Release, annual tobacco user medical cost and productivity losses approximate \$3,391. These costs are recovered each year the enrollee is tobacco-free. Based on this data, we have roughly estimated \$23,737 saving for NASA employees.

7 participants who quit @ \$3,391 = \$23,737 in estimated savings

### C. NEW Ohp Nutrition Website enhancement

<http://ohp.nasa.gov/topics/nutrition/index.html>

Visit [www.ohp.nasa.gov](http://www.ohp.nasa.gov) to view the enhancements to the nutrition website listed under "Topics". The new site includes recipes and direct links to ADA's daily tips, the food guide pyramid and a BMI calculator. "Tiny Bites Total Big Calories" and the "Comparative Diet and Weight Management Pamphlet" will be on this site within the next month.

### D. NEW Making a Business Case for Worksite Health Promotion

<http://ohp.nasa.gov/disciplines/hpromo/hparticles.html>

Visit [www.ohp.nasa.gov](http://www.ohp.nasa.gov) to view a new addition to the HPW website. We have posted three articles of interest related to making a business case for worksite health promotion. When we come across more recent and relevant information, we will post.

**E. *HealthierNASA* 2006 schedule of activities**

<http://ohp.nasa.gov/disciplines/hpromo/campaigns/2006/2006calendarataglace.pdf>

Visit [www.ohp.nasa.gov](http://www.ohp.nasa.gov) to view *HealthierNASA* 2006 schedule of Health Promotion Activities. Please review and provide feedback.

**F. Influenza Vaccine Supply 2005-06**

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5412a4.htm>

**April 1, 2005 / 54(12);307-308**

**2005--06 influenza season**, CDC has met with influenza vaccine manufacturers to develop supply projections and distribution strategies, including advance ordering and partial shipment to those customers who prebook. As of March 25, 2005, the supply of inactivated influenza vaccine projected for the priority group appeared adequate. If more vaccine becomes available, additional groups can also be targeted for vaccination.

**Topic: Occupational Health Conference**

**Mae Hafizi**

2005 Annual Occupational Health (OH) Conference will be held in Lake Tahoe on June 27- July 1, at Harvey's. The theme for this year's meeting is "*Towards a HealthierNASA: Successes and Innovations.*"

**Topic: *Weight Loss Program (Ames)***

**Nancy Dunagan**

NASA Ames Fitness Center offers a 12 week program to help inspire and educate clients in their efforts to achieve a healthy weight. The program has been offered once a year, each year, for the past 12 years. Due to resources and time commitment from the fitness staff, the program is offered only once a year mostly around February or spring.

Results of 2005 program: 16 of our 22 clients in the Weight Loss Program participated in the final measurement with 11 of the 16 achieving their weight loss goals.

Participation Requirements:

- Cost \$75.00 with a potential for reimbursement of a portion of this money
- Sign an agreement to complete the following:
- Exercise at least 5 times/week and chart the number of days
  - Eat a well balanced diet
  - Weigh-in weekly at the gym and chart it
  - Monthly circumference and fat % measurements
  - Attend 6 nutritional presentations

Inspiration & Education:

- Kick off presentation and receipt of a pedometer
- Monthly circumference and fat % measurements.
- Weekly charting of weight and number of days exercised
- Weekly e-mail messages to participants
- A series of 6 nutritional seminars presented by nutritionist
- Reimbursement of up to \$35 based on participation
- One Individual goal-setting session with Nacny

- Measurement of Resting Metabolic Rate for those over 20 pounds of fat
- Charting diet (Healthy Tec, Balance Log was made optional)

#### Participant Follow Up:

- Weekly weigh-in and exercise log check-in for the duration.
- Monthly circumference and fat % measurements on the 4<sup>th</sup> Thursday of every month.
- Periodic e-mail messages sent to the group.

#### Changes for 2006:

- More updated information on the Department of Agriculture's New Dietary Guidelines.
- See if the Mayo Clinic information has changed to apply the New Dietary Guidelines.
- Advertise via center wide e-mail for a longer period of time.

### **Topic: Women and Cardiovascular disease**

Saralyn Mark, MD.

Cardiovascular Disease  
Related Facts and The Federal Response

Saralyn Mark, M.D.  
Senior Medical Advisor  
DHHS/OWH & NASA

#### **Introduction**

Although deaths from cardiovascular disease have declined over the past 50 years, diseases of the heart remain the major cause of death for all females, decline in death rate: 1972-1992: ↓ 51%

Why do people, especially women, equate cancer with women mortality and illness but not cardiovascular disease? In a survey of over 1000 women, 60% stated they are mostly concerned about cancer.

#### **Facts about Cardiovascular Disease**

- ♥ Leading cause of death for US women
- ♥ Kills approximately 503,000 women each year
- ♥ Responsible for 53% of all female deaths
- ♥ After menopause, a woman's chance of developing heart disease greatly increases
- ♥ 1 in 3 US women over age 65 have some form of CVD
- ♥ Age and sex are significant predictors of death after heart attack

## Cardiovascular Disease and Sex

♥ Symptoms are unique to women

♥ Women are more likely to have:

- Fatal cardiac events
- Poorer prognosis after MI
- More complications after coronary procedures

It is possible that women present with CVD symptoms that are much later in the stage of development than men.

♥ 42 percent of women who have heart attacks die within 1 year, compared to 24 percent of men

## More Cardiovascular Disease Statistics

♥ Among all ages, African American women are most likely to die from heart disease. Potentially because of co-morbid conditions such as obesity and DM. Additionally, as the population becomes more diverse, researches can include other ethnicities in their sample population in order to complete a better cross sectional analysis.

➤ Mortality Rates:

- 34 % higher for African American women than for Caucasian

## Cardiovascular Disease: Risk Factors

- ♥ High cholesterol
- ♥ High blood pressure (50% C, 80% AA)\*
- ♥ Physical inactivity
- ♥ Smoking (22 million)
- ♥ Diabetes (15% C, 25% AA)\*
- ♥ Stress
- ♥ Obesity (48% C, 66% AA)\*
- ♥ Diet/poor nutrition
- ♥ Family history of heart disease, specially if father or mother dies before the age of 50
- ♥ Early menopause
- ♥ Estrogen therapy? This is a much researched and talked about issue, does estrogen increase or decrease the likelihood of CVD. One thing is known for certain, that estrogen therapy can not reverse an already affected vessel wall.

As with any other medication, a prescription of COX2 inhibitor will require an assessment of the patient as a whole. Consideration should be given to the potential responses and interactions of that person with the medication. With Hormone replacement therapy patients must partner with their Healthcare Provider to set a treatment course that best suits their needs. Women should

consider pros and cons, deciding to go on low dose therapy and for a specific period of time is not bad practice.

### Research Studies

To understand CVD in women, several research studies have been done and more are on-going. This much is evident, that women present a completely different symptomatology than men. In the past, research studies (HRT) were observational and selection bias was evident. In order to obtain a true picture of CVD facts, large prospective randomized trials were necessary. PEPI was one of the first in this group followed by HERS and ERA. HERS indicated that in certain group of women post menopausal hormone replacement therapy increases the likelihood of CHD events in year 1 vs. years 4 & 5 as well as increasing the Dx of gall bladder in 2-3 folds. The question it posed was how can one ID this particular sub-population of women in advance. In the ERA study the researcher utilized angiography to look inside the blood vessels to assess their health. The study indicated that hormone therapy did not affect progression of disease but it did lower LDL. The BRFSS indicated that increasing prevalence of obesity slowed decline of CAD because obesity can negate the positive effects of other therapies. The RUTH study is looking at the effects of Raloxifene and CAD. It is a large international study to be completed over 5-7 years. The list below identifies some of the studies:

The effects of Aspirin in women are age related, not so in the case of men. Aspirin is shown to be effective in reducing the risk of stroke in women below the age of 65 and less effective in reducing CAD.

### Federal Response

Several federal government offices and departments are highly involved with research about and education of CVD

#### ♥ OWH- Office of Women's Health

♥ *Interactive Cardio Health Self-Assessment Center for Women*

♥ *NWHIC*: [www.4woman.gov](http://www.4woman.gov) & 1-800-994-woman

- Publications: fact sheets, brochures, and reports

#### ♥ ODPHP – Office of Disease Prevention and Health Promotion

This office developed **Healthy People 2010**: Objectives related to CVD

- ♥ Reduce coronary heart disease deaths by 20%; 208 → 166\*
- ♥ Increase proportion of adults 20 years and older who are aware of early warning signs and symptoms of heart attack;
- ♥ Reduce number of older adults with congestive heart failure as *first* diagnosis; ages 65-74 yrs: 13.2 → 6.5\*\*
- ♥ Reduce stroke deaths; 60 → 48\*
- ♥ Reduce proportion of adults with high blood pressure; 28% → 16%
- ♥ Reduce mean total blood cholesterol levels among adults; 206 mg/dL → 199 mg/dL

- ♥ Increase proportion of adults who have had their total blood cholesterol checked within the preceding 5 years; 67% → 80%

\*per 100,000 population

\*\*per 1,000 population

## ♥ FDA

### ♥ *Take Time to Care* (↓ diabetic related complications)

- 500 local screenings
- Free risk assessment and clinical testing
- Diabetic management kit

### ♥ Publications: fact sheets, brochures, and reports

## ♥ CDC

### ♥ Cardiovascular Health Program (CVH)

- epidemiologic surveillance and research, intervention studies, and public health programs related to cardiovascular health

### ♥ Funds 25 state-based cardiovascular health programs

- partnership development and coordination between government and non-governmental

- development of effective strategies to reduce the burden of cardiovascular diseases and related risk factors

### ♥ WISEWOMAN (Well Integrated Screening and Evaluation for Women Across the Nation)

- 2002: \$20 Million appropriation

- Screening for heart disease and stroke risk factors

- Dietary and physical activity counseling for women with abnormal screening results

- Referrals and follow-up

## ♥ NIH

### ♥ 1991: *Women's Health Initiative*

### ♥ *National Heart, Lung, and Blood Institute*

- 2002: \$1.65 Billion

- *SCCORS - Specialized Centers for Clinically Oriented Research*

♥ *RUTH Study (Raloxifene Use in the Heart):*

- Clinical research trial evaluating use of the osteoporosis drug raloxifene for prevention of coronary death and heart attack in postmenopausal women with coronary disease or at high risk for its occurrence.

♥ Other Studies

- Nurses Study, Postmenopausal Estrogen/Progestosterone Intervention, NCCAM: Effect of High Dose Vitamin E on Carotid Atherosclerosis, Study of Women's Health Across the Nation: examining the behavioral factors and their relationships to cardiovascular health outcomes.

♥ NASA

♥ Spaced Based Technology

- Excimer laser—removes atherosclerotic plaque
- Two-way communication—fine tunes pacemaker from outside of body
- High-precision measurement of carotid artery wall thickness
- In depth understanding of blood flow → design more efficient artificial heart valves and pumps
- Device to “rapidly” separate and analyze small volumes of blood
- Electrode technology (monitors heart rate) → exercise equipment which continually monitors user's heart rate and sets the machine's pace accordingly

♥ DOD

♥ Physics Based Technology

- 3-D Ultrasound—use of soundwaves; sophisticated computing techniques and advanced microelectronics to image action of internal body structure, e.g., beating heart

**Future Trends**

♥ Telemedicine

- Reimbursement, licensing, and security

♥ Complimentary and Alternative Medicine (This is a growing field of research)

- Reimbursement
- Safety and efficacy

♥ Genomics

- Discrimination: insurance/employment
- Genetic profiling
- Prevention and treatment

♥ Nanotechnology

- Prevention
- Nanomachines: e.g. cell herding, organs
- Immunotherapies: e.g. target antibodies

♥ Sex and Gender Based Medicine

- Prevention, diagnosis, and treatment
- A growing field of research

Topic: **Future ViTS**

Mae Hafizi

Thursday, 9/01/05      1:30 – 3:00 EST  
Thursday, 12/01/05      12:00 – 1:30 EST

**2006 Health Promotion and Wellness ViTS**

Thursday 03/ 09/ 06    11:00 EST- 12:30  
Thursday 06/ 08/ 06    11:00 EST- 12:30  
Thursday 09/ 07/ 06    11:00 EST- 12:30  
Thursday 12/ 07/ 06    11:00 EST- 12:30

We like to receive feedback and suggestions.  
Hope to see you on September 01, 2005.  
Thank you for your participation.  
Vits was adjourned at 2: 50 PM.

Respectfully Submitted,  
Mae Hafizi  
06.03.05